

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of San Ramon Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Renee Beck, City Clerk Area Code/Phone Number E-mail 925-973-2538 cityclerk@sanramon.ca.gov		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> California Form 806 For Official Use Only </div> <div style="margin-top: 20px;"> Date Posted: 04/01/2014 <small>(Month, Day, Year)</small> </div>
		Page <u>1</u> of <u>1</u>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Central Contra Costa Transit Authority	▶ Name <u>David Hudson</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 14 / 14</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____
Contra Costa Transportation Authority	▶ Name <u>David Hudson</u> <small>(Last, First)</small> Alternate, if any <u>Scott Perkins</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 14</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

 Signature of Agency Head or Designee	<u>Renee Beck</u> Print Name	<u>Bookkeeper</u> Title	<u>04/01/14</u> (Month, Day, Year)
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Comment: _____